	PATENT A	PPLICATIO Effecti	N FEE DE ive Octobe	TERN or 1, 20	IINATIO	ON RECO	ORD	, -	09 /	8	3 0 4	า ร	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALLE TYPE [NTITY	OR	OTHER SMALL		
TOTAL CLAIMS							RATE	FEE]	RATE	EE,		
FOF	₹	NUMBER FILED NUM			R EXTRA		BASIC FEE	355.00	OR	BASIC FEE	-P0:00		
TOTAL CHARGEABLE CLAIMS			/ minus 20=]	X\$ 9=		OR	X\$18≖		
NDI	EPENDENT CL	AIMS	/ min				X40=		OR	X80=			
MUL	TIPLE DEPEN	DENT CLAIM PE	RESENT				j	+135=		OR	+270=		13.
• If 1	he difference	in ç olumn 1, js	lesş than zei	ro, ente	rุ"0" in c	olumn 2		TOTAL	-	OR	TOTAL	860	Ì
•••	ZLA	A LAUR AIMS AS A	1) NUS	- PAR	IT II				ENTITY	3	OTHER SMALL I	THAN	
NT A		CLAILIS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	Mn 2) HEST MBER OUSLY FOR	PRESENT EXTRA	٦.	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 2X	Minus	· •• 2	28		1	-X\$ 9=		OR ⊙R	X\$18=		
MEN	Independent	. 7	Minus		7		-	¥X40-7	1 3		X80=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPEN			ENDEN	TCLAIM])	£135 4 °		OR	+270=	n /,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	•				() () (기기의 글)	4. 操在表	· Propi	TOTAL	. I	OR	TOTAL		એક્* <u>*</u>
		(C) (1) (1)		(Calı	ımn 2)	(Column :	۱۷	ADDIT, FEE		J on	ADDIT. FEE	<u> </u>	
В		(Column 1) CLASS RELEGISTAGE		HIGH	HESY /	PRESENT	7 72	RATE	ADDI-	ŀ	RATE	ADDI-	ः∛े
AMENOMENT B		AFTER AMENOMENT			OUSLY FOR	EXTRA	4		FEE	1		FEE	
NON	Total	120	Minus	• c	<u> </u>	=	٠,	X\$ 9=		OR	X\$18≖		
AME	Independent	NTATION OF M	Minus	ENDEN	T CLAIM	5.2.	_ *	%*X40≐		OR	X80= ·		-
_	FIRST PHESE	NIATION OF M	ENDEN	DENT CLAIM		ذلا أسساسط	+135=		OR	+270=	'		
		•					. 🕌	ADDIT, FEE		OR	TOTAL ADDIT, FEE		
	•	(Column 1)			ırnn 2)	(Column :	<u>3) ·</u>					•	
SIC		REMAINING AFTER		NUN PREVI	HESY ABER HOUSLY	PRESENT EXTRA	1 17	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE	- 457
NDMENT	Total	AMENOMENT	Minus	PAIL	D FOR	CHICAGO NA	7	X\$ 9=	FEE		X\$18=	+	1
AMEN	Independent	•	Minus	•••		=	7	X40=	 	OR	X80=	 	1
Ž	FIRST PRESE	ULTIPLE DEPENDEN		IT CLAIM			1	 	OR	—	 		
	If the entry in column 1 is that that the entry in column 2, write "O" in column 3.							+135=	,,	OR	+270=		1
**	If the "Highest Nu	imber Provincially F	aid For IN THI	S SPACE	: is less one Fix less th	an 20, enter 1 an 3 anter 13		ADDIT. FEE		OR	ADDIT. I CC		4
	The "Highest Nur	nber Previously Pr	ald For (Total o	r Indeper	rdant) is th	e highest nun	nber f	s ent ni bnuc	ppropriate bo	ox in ca	olumn 1.		

FORM PTO-875 (Rev. 8/00)